

Protects you
and your family
for a full year,
24 hours a day.

Covers you
and your family
anywhere you go.



Questions and Answers
About The

PROTECTOR

Q. Are there any age limits?

A. No, the **PROTECTOR** is issued to all adult applicants, regardless of age.

Q. Am I required to have a physical examination?

A. No, this is not a requirement.

Q. What evidence of my insurance will I get?

A. A certificate of insurance will be mailed to you upon processing of your application and remittance.

Q. How long will my coverage remain effective?

A. Once issued, your **PROTECTOR** will be kept in effect by payment of the annual premium and maintenance of your membership in the West Jersey Motor Club.

Q. Is there a reduction in benefits when I become sixty-five like most other plans?

A. No, the **PROTECTOR** Plan you choose now will provide the full schedule of benefits, regardless of age, as long as it remains in effect.

Q. Who will be my beneficiary?

A. You can select anyone to be your beneficiary. The choice is yours. Also, you have the option of changing your beneficiary as your circumstances change.



THE PROTECTOR

EXCLUSIVELY FOR MEMBERS
OF THE
WEST JERSEY MOTOR CLUB



*The travel accident coverage
to protect all of you.*



The PROTECTOR

The accident policy which provides 24 hour, world wide coverage for travel by air, automobile, bus, train, trolley, taxi, steamship, or even as a pedestrian. There is no age limit for those who wish to apply, it eliminates waiting at airport insurance booths, pays in addition to any other insurance you may have and eliminates the cost of individual trip accident policies.

This protection, offering financial security to your loved ones, should be an integral part of your Personal Insurance Program.

Here's What The PROTECTOR Covers.

Accidental Death or Dismemberment From All Of These Everyday Hazards:

- **Aircraft**—While as a passenger riding in, entering or leaving a scheduled flight of domestic or foreign registry, including aircraft operated by the military airlift command and any supplemental flight of domestic registry.
- **Common Carrier**—While as a passenger riding in, entering or leaving any land or water vehicle licensed to carry passengers for hire (bus, train, trolley, taxi, steamship, etc.)
- **Automobile**—While driving, riding in, entering or leaving a private passenger automobile, self-propelled motor home or truck with a 2000 pounds or less load capacity
- **Pedestrian**—While as a pedestrian, if you are struck by any motor vehicle operated on a public street or highway.

Schedule of Benefits

PLAN I—\$100,000

Loss of Life, Limbs or Sight*

Insured	Air Travel	Common Carrier Passenger Car Pedestrian
The Family	\$100,000	\$50,000
Spouse, no dependent children	\$ 50,000	\$25,000
Spouse and †dependent children:		
Spouse:	\$ 40,000	\$20,000
Children:	\$ 5,000 ea.	\$ 2,500 ea.
†Dependent children (no spouse)	\$ 20,000 ea.	\$10,000 ea.

PLAN II—\$50,000

Loss of Life, Limbs or Sight*

Insured	\$50,000	\$25,000
The Family		
Spouse, no dependent children	\$25,000	\$12,500
Spouse and †dependent children:		
Spouse:	\$20,000	\$10,000
Children:	\$ 2,500 ea.	\$ 1,250 ea.
†Dependent children (no spouse)	\$10,000 ea.	\$ 5,000 ea.

*Loss of one hand, one foot or sight of one eye benefits are 50% of above.

†Dependent children—14 days through 18 years. College student extension to 23rd birthday.

The Full Annual Premium Is Only

PLAN I	PLAN II
Individual—\$26.00	Individual—\$15.00
Family—\$36.00	Family—\$21.00

Exclusions (There Are Just A Few)

1. Suicide or any attempt
2. Accidents caused by war (declared or not)
3. Accidents occurring while participating in any military maneuvers or training exercises.

It's Easy to Apply for The PROTECTOR

1. Choose the Plan you wish.
2. Complete and sign the simple application part of this brochure.
3. Make your check or money order for the annual premium payable to:

KEYSTONE INSURANCE COMPANY

4. Use the enclosed self-addressed, postage paid envelope provided to return your application and remittance to the Company.

Information required for issuance of The:

PROTECTOR
(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

DATE OF BIRTH (Month) _____

(Day) _____

(Year) _____

BENEFICIARY (If other than spouse) _____

RELATIONSHIP _____

Check Plan Desired:

Annual Premium:

Plan I—\$100,000

Plan II—\$50,000

Individual

☐ \$26.00

☐ \$15.00

Family

☐ \$36.00

☐ \$21.00

I understand and agree that coverage is effective on the day my certificate of insurance is received by the company.

AGENCY CODE: 03400-76

DATE _____ MY SIGNATURE _____

Please make check payable to: **KEYSTONE INSURANCE COMPANY, Philadelphia, Pa. 19103**